

Texas City Department of Recreation & Tourism
RESERVATION REQUEST - SANDERS CENTER

Please print clearly. This form must be completed in full on the date the room is reserved. If not, the reservation is void.

Event Name: _____

Date of Event: Day of Week _____ Month _____ Day _____ Year _____

Rental Time: (Includes set up and clean up): Start Time: _____ End Time: _____
 Actual Time of Event: Start Time: _____ End Time: _____

Event Type: Meeting Banquet Dance Party Quinceanera Sweet 16 Wedding
 Other (Please Specify): _____

Room Requested: Lynn Ray Ellison Room - 70 Kitchen

Estimated Number of Guests: _____

Will ALCOHOL be present: Yes No (If yes, a security form must accompany this form)

Entry/Admission Fees charged: Yes No (If yes, permits and insurance requirements must be met)

Room Package Fee	\$
Deposit	\$
Overtime Fee	\$
Table Linens (\$2/each)	\$
Media Package (\$50)	\$
TOTAL AMOUNT	\$
TOTAL AMOUNT PAID	\$
REMAINING BALANCE	\$
Remaining Balance	
Due Date:	

Number of Chairs	
Number of 8' Tables	
Number of 4' Tables	
Free Standing Podium	
Flags	
Easel	

By signing this form, I hereby affirm that all information is correct and complete. I will be present during this function and fully accountable for compliance with all center policies of which I have informed myself. I have received a copy of the policies of Recreation & Tourism and understand them fully and agree to comply. _____ (Initial)
 I will be financially responsible for any alteration, defacing or unreasonable clean up and damages resulting from this event. Furthermore, I agree to pay all fees due and present any required permit/license/police form(s) in advance or forfeit this reservation.

Signature _____ Date _____

Name (Please Print Clearly) _____ Connection to Event _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Fax Number _____ Alternative Phone _____

Office Use Only: Rsv#: _____ H/H#: _____ Fee Event **OR** No Fee Event Initials _____ Date _____
 Updated: 11.04.14